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ABSTRACT

Estimates indicate that 1 in 4 women and 1 in 7 men have been sexually abused as children. These statistics may be underestimated based on anecdotal information relayed by many therapists who specialize in working with survivors of childhood sexual abuse. Effects of childhood sexual abuse have far reaching implications for the survivors' abilities to cope with both everyday stressors and more intense life events. General models of personality and coping styles provide a useful framework for understanding and promoting successful coping in survivors of childhood sexual abuse. One personality style is hardiness. Hardy persons are thought to withstand difficult life situations using a combination of three cognitive appraisal processes: control, commitment, and challenges. Resilience, a second style, is characterized by the ability to move beyond hardships. Coping styles that promote or impede a person's ability to manage life circumstances were examined. Three common themes were: meaning/commitment, control, and challenge. Coping and resilience are covered, with a focus on gender differences. Finally, implications for counseling and psychotherapy are presented. Contains 30 references. (JBJ)

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Positive Coping Strategies Developed by Survivors of Childhood Sexual Abuse

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Introduction

Sigmund Freud was among the first professionals to take a stand regarding the occurrence and prevalence of childhood sexual abuse (Masson, 1985; Westerlund, 1986). However, because of professional and political pressures and the possible growing awareness of the impact of sexual abuse on his own family members, Freud abandoned his focus on the prevalence and effects of sexual abuse during childhood and its correlates. He instead proposed a theory that emphasized favoring a theory that emphasized fantasy and Electra complexes.

For a number of reasons, including a growing focus on post-traumatic effects of war and the emergence of feminism in the 1970s (Herman, 1992), concern again is being voiced about the prevalence of sexual abuse and its implications for adult coping and psychological functioning. Estimates indicate that 1 in 4 women and 1 in 7 men have been sexually abused as children (Russell, 1982). These statistics may be underestimated based on anecdotal information relayed by many therapists who specialize in working with survivors of childhood sexual abuse.

The effects of childhood sexual abuse have far-reaching implications for the survivors' abilities to cope with both everyday stressors and more intense life events. Whereas a number of studies have examined the deleterious effects of childhood sexual abuse on adult coping (e.g., Courtois, 1988; Geffner, 1992; Lundberg-Love, Marmion, Ford, Geffner, & Peacock, 1992), few have focused on the positive coping strategies that these survivors develop to live highly productive, fulfilling lives.

Positive Coping Strategies

General models of personality and coping styles provide a useful framework for understanding and promoting suc-

cessful coping in survivors of childhood sexual abuse. *Hardiness* is one such personality style (Ouellette, 1993). **Hardy persons are thought to withstand difficult life situations by using a combination of three cognitive appraisal processes: control, commitment, and challenges.** They tend to have an internal locus of control and believe their life activities have value and meaning (commitment). **They not only view change (challenges)—rather than stability—as an expected part of life, but also construe difficult or unexpected life events as opportunities for personal growth.**

Resilience constitutes a second, somewhat similar personality quality associated with positive coping (Anthony & Cohler, 1987; Antonovsky, 1987; Werner & Smith, 1992). The lives of resilient people are "characterized by extraordinary hardships and remarkable abilities to move beyond them" (Fine, 1991). By using emotional, cognitive, and behavioral, coping strategies, resilient persons are able to negotiate developmental tasks despite great adversity.

Folkman and Lazarus (1988) focused on identifying specific coping styles that promote or impede a person's ability to manage difficult life circumstances. **Problem-focused coping strategies are used to alter characteristics of the situation to relieve distress.** For example, a young girl might react to her grandfather's sexual advances by reporting his behavior to her mother. **Emotion-focused strategies attempt to decrease the negative emotional reactions to the situation.** The same girl might distance herself emotionally from the event by pretending that it did not occur or by attempting not to dwell on it.

Taylor (1983) explored the underlying coping strategies that promote positive adjustment in persons who deal with another type of potentially life-threatening situation, such as the diagnosis of breast cancer. **Three broad coping strategies were identified: making sense, achieving a sense of mastery, and establishing self-enhancement.**

The *ability to make sense* of the diagnosis is achieved by developing rationales for understanding; e.g., why one develops cancer and how it influences one's priorities in life. A second positive coping strategy is the ability to experience a *sense of mastery* over traumatic events. Finally, these women employed *self-enhancement* strategies, which are approaches based on comparing one's self with others in similar life-threatening situations but who are less fortunate (e.g., someone whose cancer is more advanced).

Taylor's work was influenced by the coping strategies outlined by Folkman and Lazarus (1988). **Cancer patients reported a more positive emotional adjustment when they used a combination of emotion-focused and problem-focused coping strategies. Specifically, less emotional distress was associated with taking advantage of social support systems, viewing the situation in a more positive light, and emotionally distancing oneself from the event; i.e., trying not to think about the situation too much (Dunkel-Schetter, Feinstein, Taylor, & Falke, 1992).**

We can extract **three common themes** from the models of Ouellette (1993), Antonovsky (1987), Folkman and Lazarus (1988), and Taylor (1983)—**meaning/commitment, control, and challenge.** Implicit in these themes are the needs of persons to reconceptualize their life situations; **some degree of illusion or cognitive distortion appears to buffer people from the deleterious effects of the life stressor** (Norem, 1989; Taylor & Brown, 1988). A number of possible cognitive coping strategies are available for tasks of reconceptualization. Flexibility in selecting coping strategies also may play an important role in one's ability to cope with adverse life events (Dunkel-Schetter et al., 1992; Folkman, Lazarus, Gruen, & DeLongis, 1986; Roth & Cohen, 1986).

Coping and Resilience

Research indicates that men and women differ in their styles of coping, perhaps due to differences in their socialization. For instance, women in counseling tend to use more emotion-focused coping styles, whereas men in counseling use more problem-focused coping styles (Ptacek, Smith, & Zanas, 1992; Wilhelm & Parker, 1993). However, scant research has been conducted on the coping strategies of men who were sexually abused during childhood. Therefore, **it cannot be concluded that this population necessarily will use problem-focused strategies over emotion-focused strategies.** In fact, the extreme powerlessness experienced by both boys and girls who are sexually abused would warrant resorting to emotion-focused solutions. If a person is unable to escape the stressful situation (a problem-focused option) successfully, she or he will adopt an emotion-focused strategy as a last resort.

The manner in which many sexual abuse survivors speak of their coping strategies indicates that some emotion-focused strategies are experienced by abused children as problem-focused. When asked, "What did you do when your father abused you?", a client may respond, "I just left." Upon further exploration, the child did not walk out of the room; rather, she or he left her or his body (dissociated) to

escape. **Therefore, certain emotion-focused strategies may, in fact, be problem-focused solutions** (Banyard & Graham-Bermann, 1993).

Research on coping and resilience with regard to sexual abuse survivors demonstrates that, despite the salience of age, duration, severity of abuse, and abuse-related historical factors, other factors are more important in determining the outcome of childhood sexual abuse. For example, **the child's appraisals of abuse-related phenomena** play a central role in mediating the experience of incest: The greater the perceived threat surrounding the abuse, the more distress is exhibited (Johnson & Kenkel, 1991). In addition, **the support of mothers and other family members or persons outside the family** tends to modify the impact of sexual abuse (Johnson & Kenkel, 1991; Valentine & Feinauer, 1993).

Long and Jackson (1993) found that women who had been sexually abused as children used problem-focused and emotion-focused coping strategies. **Problem-focused strategies included rehearsing what the victim might say or do, generating solutions to the problem, making and following a plan of action, or changing some aspect of the situation so that the abuse might stop.** However, most victims turned to emotion-focused solutions, including wishful thinking, detachment, emphasizing the positive, self-blame, tension reduction, or keeping feelings to oneself. Johnson and Kenkel (1991) found similar coping strategies in female adolescent incest survivors: wishful thinking; reducing tension through substance use, sex, exercise, or getting away; seeking social support; and distancing or detaching.

Valentine and Feinauer (1993) identified **five factors of resilience associated with women who survived childhood sexual abuse:**

- The ability to find emotional support outside the family
- Self-regard (the ability to think well of oneself)
- Religion or spirituality
- External attribution of blame and other cognitive styles
- Inner-directed locus of control emanating from internal values rather than from expectations and directions of others

Women with these attributes were high-functioning and appeared to have overcome the negative consequences of childhood sexual abuse.

Morrow and Smith (1995) identified two overarching categories of strategies for survival and coping used by women who had been sexually abused as children. **The first category—keeping from being overwhelmed by threatening and dangerous feelings—included:**

- Reducing the intensity of feelings associated with sexual abuse
- Avoiding or escaping feelings
- Replacing more threatening feelings for those that were less threatening
- Discharging or releasing feelings

- Not knowing or remembering experiences associated with negative feelings
- Dividing feelings into manageable components

The second category—managing helplessness, powerlessness, and lack of control—included:

- Resistance strategies
- Reframing abuse to give an illusion of control
- Attempting to master the trauma
- Controlling other areas of life beside the abuse
- Seeking confirmation or supporting evidence about the abuse
- Not wanting to have or use personal power

Of increasing importance in the emerging research on coping and resilience of sexual abuse survivors is a focus on their strengths, especially those that exist prior to the acquisition of verbal or cognitive skills that would help them mediate trauma effectively. Whereas clinical wisdom often has focused on the dysfunctional characteristics of abused persons, the emerging clinical literature holds promise for emphasizing a brighter future for survivors of sexual abuse. Specifically, **examining survival and coping strategies—rather than symptoms—provides a framework for mental health practitioners to offer hope and to help their clients who have been sexually abused.**

Implications for Counseling and Psychotherapy

Step 1—Focus on Client Strengths:

What does it mean to counsel survivors of sexual abuse using a model based on positive coping strategies and resilience rather than dysfunction and psychopathology? **Of all clients who seek counseling, there are probably none who experience more shame and worthlessness than those who have suffered sexual abuse as children.** When counselors relate to these clients on the basis of their dysfunction, these feelings are reinforced. **In the authors' clinical experience, an initial inquiry about a client's coping strategies, followed by a genuine statement about client's strengths, courage, and resilience, sets the stage for the mutual respect requisite for a therapeutic relationship.**

Step 2—Mutually Assess the Origins and Consequences of Coping Strategies:

The collaborative process of making meaning of clients' coping strategies—how they emerged and the ways in which they presently are manifested in clients' lives—encourages **two important therapeutic processes: (1) making clients responsible for understanding their own feelings, cognitions, and behaviors; and (2) building a sense of self-respect and empowerment that lay the groundwork for change.**

Step 3—Identify Strengths and Limitations of Primary Coping Strategies:

Beginning by validating the creativity and resourcefulness of clients' coping patterns, counselors and clients must work together to assess the disadvantages of each strategy. **If**

clients dissociate whenever they engage in sexual activity, counselors should identify the ways in which dissociation has helped (by separating them from feelings of terror and shame) **as well as hindered** (by rendering them unable to enjoy loving or passionate feelings) **the healing process.**

Step 4—Plan Ways To Enhance Strengths While Reducing Limitations of Coping Strategies:

A collaborative approach in which clients are encouraged to generate solutions to problems should be used to enhance clients' strengths. **Counselors should discuss ways in which certain coping strategies may be strengthened** (e.g., an original turning to God for strength in crisis may be enhanced through spiritual exploration to provide a stronger spiritual focus) **while others may be transformed** (e.g., a compulsive need to be perfect in order to escape abuse may be converted via exploration and experimentation to a healthy striving for excellence).

Step 5—Respect Resistance:

Counselors must remember that survivors of childhood sexual abuse were among the most powerless of all children. Pushing at resistance can only threaten once-adaptive coping strategies. **Counselors should view resistance to change as a message that new ways of coping need to be discovered and strengthened** before a client can safely relinquish old, outdated ones.

Conclusion

Our clinical work has been influenced in a number of ways by incorporating a focus on positive coping and resilience into our work with sexual abuse survivors. First, **the counseling dyad focuses less on the past and the actual trauma** (although such a focus is certainly appropriate and important in many instances) **and more on present effects of coping strategies.** As a consequence, clients become **much less dissociated, depressed, and otherwise dysfunctional than when early trauma work is central to therapy.** Indeed, emerging information regarding traumatic stress debriefing indicates that **repeatedly retelling trauma stories may be counterproductive** (B. Riedesel, personal communication, March 9, 1995). Clients who focus on positive coping instead of trauma seem better able to function at high levels in therapy.

It remains **important to attain a clearer understanding of the coping characteristics and processes associated with resilience in those who have experienced childhood sexual abuse.** Two concerns persist. First, much of the resilience research focuses on emotionally and/or environmentally impoverished children rather than on adults. **Greater emphasis should be placed on investigating how these characteristics emerge or change over time** (Felsman & Vaillant, 1987; Werner & Smith, 1992). A second, related concern is **the lack of clarity in the literature regarding the specific characteristics underlying positive adjustment** and how they can be measured most accurately (Luthar & Cushing, 1994). Although **screening questionnaires** continue to be developed (Wolin & Wolin, 1993), some believe that this **may be**

premature until the phenomenon is understood more clearly (N. Garnezy, personal communication, January 24, 1995). Finally, **clinical studies must evaluate and compare the**

efficacy of therapies that focus on early trauma with those that focus on current functioning and emphasize positive coping and resilience.

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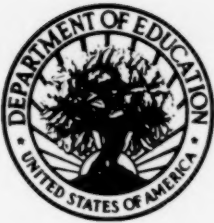
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